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CCORP Bulletin 04-03
Revised Bulletin# 05-01

February 23, 2005

To: All CCORP Hospitals

Subject: Coding of Congestive Heart Failure

This bulletin is intended to bring clarification to hospitals in coding CHF, especially hospitals that are not National Society of Thoracic Surgeons (STS) members. After thoroughly reviewing the CCORP 2003 data submissions we've found that some hospitals are having problems in coding Congestive Heart Failure (CHF). While the state average for CHF in isolated CABG patients is about 20%, a few hospitals are reporting 3 or 4 times this amount for their patients, even though other case mix indicators are not extreme.

Most of the current CCORP data elements came from STS version 2.41 data element definitions, including CHF. Unfortunately, this definition was not very clear about whether an actual diagnosis of recent CHF--or just symptoms--were required to code CHF='Yes'. In the CCORP training manual, our 'Comments and Explanations' does make it clear that CCORP requires a recent diagnosis, made by a physician, documented in the chart and we know that STS *intended* that to be a requirement as well.

STS version 2.52 now makes it perfectly clear (in the first sentence of the definition) that a CHF diagnosis is required. The current definition of CHF is "whether, within 2 weeks prior to the initial surgical procedure, a physician has diagnosed that the patient is currently in CHF." Unfortunately, CCORP is not able to quickly adopt STS definition changes because of the regulatory process so some coders may still not be interpreting the data element correctly.

The CCORP consulting cardiologist has noted that some hospitals seem to be coding heart failure if they see symptoms that could *possibly* be due to heart failure, which is not appropriate. For example, dyspnea is **not** sufficient to code heart failure. Dyspnea in this population is often due to angina rather than heart failure. Therefore, both CCORP and STS require that a physician has diagnosed the patient as "in congestive heart failure" within the past two weeks. In practice, this means the patient must have both 1) an explicitly stated diagnosis of heart failure in the chart, and 2) signs or symptoms of heart failure within 2 weeks prior to surgery.



Please take the time to review the coding practices for CHF at your hospital to align them with the information provided in this bulletin. If you have any questions regarding this notification please contact Denise King by phone (916) 322-9138 or via email DKing@oshpd.state.ca.us

Sincerely,

A handwritten signature in black ink, appearing to read "Denise King". The signature is fluid and cursive, with the first name "Denise" and last name "King" clearly distinguishable.

Denise King
CABG Programs Data Manager